



IOWA DEPARTMENT OF NATURAL RESOURCES
APPLICATION FOR

COMMERCIAL SEPTIC TANK CLEANER
Annual License expires June 30

☐ New License

☐ Renewal ST- _____
Last years license number

No fee should accompany this form. An invoice will be sent upon approval of the waste management plan.

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

County Name: _____ Telephone Number: _____

Number of Vehicles: _____ (List vehicle information on back of form.)

A Waste Management Plan must accompany this application and include:

1. Est. Total Volume of Septage to be pumped annually (July 1 to June 30): _____ Gallons
2. *Volume of Septage to be land spread: _____ Gallons

I understand that violations of any of the provisions of 567 IAC Chapter 68 may lead to revocation of the license. I hereby certify that this application contains no willful misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my license will be revoked, and I will be disqualified from applying in the future for any license or certification under the jurisdiction of the Iowa Department of Natural Resources.

(Printed name of person signing)

(Title)

(Date)

(Signature of owner or responsible party)

Return Application To: (Do not send any fee at this time)
IOWA DEPARTMENT OF NATURAL RESOURCES
Wastewater Operations Section
401 SW 7th Street, Suite M
DES MOINES, IOWA 50309-

VEHICLE INFORMATION: (List vehicles below)

(1) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

(2) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

(3) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

(4) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

(5) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

(6) Vehicle Identification Number (VIN) _____

Make _____ **Model** _____ **Year** _____

License Plate Number _____ **State** _____

Tank Capacity _____ **Gallons**

Additional vehicles must be put on another form.